

1482

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO.	
1. PLACE OF DEATH				COUNTY <u>Apache</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>214771</u>	
TOWNSHIP <u>menary</u> OR VILLAGE <u></u>				CITY <u>menary</u> NO. <u></u> ST. <u></u> WARD <u></u>			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF TOWNSHIP AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. <u></u> MOS. <u></u> DS. <u></u>			
2. FULL NAME <u>Gene Cline Moser</u>				HOW LONG IN U. S. IF OF FOREIGN BIRTH YRS. <u></u> MOS. <u></u> DS. <u></u>			
(A) RESIDENCE: NO. <u>2339 Ashland Ave. Santa Monica St.</u> (USUAL PLACE OF ABODE)				WARD. <u></u> (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>Cauc</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Merle Moser</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 1, 1906</u>							
7. AGE YEARS <u>30</u>		MONTHS <u>6</u>		DAYS <u>2</u>		IF LESS THAN 1 DAY, HRS. <u></u> OR MIN. <u></u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Pilot</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Aeroplane Factory</u>							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) <u>4/13/37</u> 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>9</u>							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Clarendale Indiana</u>							
13. NAME <u>Gene C. Moser</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Clarendale Indiana</u>							
15. MAIDEN NAME <u>Merle C. Moser</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Clarendale Indiana</u>							
17. INFORMANT (ADDRESS) <u>Delmer Moser, 2339 Ashland Ave. Santa Monica St.</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Westwood Crematory</u> DATE <u>4/10</u> 19 <u>37</u>							
19. EMBALMER LICENSE NO. <u>2020</u> SIGNATURE <u>J. M. Drummond</u>							
FUNERAL DIRECTOR ADDRESS <u>Wilshaw Arizona</u>							
20. FILED <u>4/19</u> 19 <u>37</u> REGISTRAR <u>J. M. Drummond</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>4-3-1937</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u></u> , 19 <u></u> , TO <u></u> , 19 <u></u> .							
I LAST SAW HIM ALIVE ON <u></u> , 19 <u></u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u></u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Airplane Accident</u>							
DATE OF ONSET <u></u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u></u>							
NAME OF OPERATION <u></u> DATE OF <u></u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u></u> WAS THERE AN AUTOPSY? <u></u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>Accident</u> DATE OF INJURY <u>4/3-1937</u>							
WHERE DID INJURY OCCUR? <u>Near Marysville - Apache Co</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>Public Place</u>							
MANNER OF INJURY <u>Airplane accident</u>							
NATURE OF INJURY <u>Mangled body</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u></u>							
IF SO, SPECIFY (SIGNED) <u>J. M. Drummond</u> REGISTRAR M. D. (ADDRESS) <u></u>							